

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/551326**

FILING DATE

**MAR 20 2006**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

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	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
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131			/			
132			/	/		
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134			/	/		
135			/	/		
136			/	/		
137			/	/		
138			/	/		
139			/	/		
140			/	/		
141			/	/		
142			/	/		
143			/	/		
144			/	/		
145			/	/		
146			/	/		
147			/	/		
148			/	/		
149			/	/		
150						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←		18	←		←
TOTAL CLAIMS			19			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151				/		
152				/		
153				/		
154				/		
155				/		
156				/		
157				/		
158				/		
159				/		
160				/		
161				/		
162				/		
163				/		
164				/		
165				/		
166				/		
167				/		
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169				/		
170				/		
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200						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		40	←		←
TOTAL CLAIMS			42			